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STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 25 2017

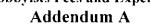
NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

II. Name of lobbyist's partnership		nny:	
Bianco Professional Ass			
•	p, firm or corporation)		00004
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone)	(603) 226-0165 (Fax	e-mail_attys@b	iancopa.com_
III. This statement covers: (Choos reportable expense transactions w			y file a separate report
X All reportable transactions occur	ring in the months prior to	the reporting date relative to th	e following client:
WellCare Health Plans, In	C.		
	f Client as it appears on the L	obbyist Registration Form)	
OR	e lobbyist (including the lo	bbyist's family), or the lobbying	g firm listed below which
unrelated to any particular client.			
IV. Date of Report April 26, 2- Reports cover: activity from date of	017 Fregistration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
October 25		January 31, 2018 activity from 10/1/17 to 12/31.	/17
V. There have been no fees rec If this box is checked, complete just Concord, NII 03301.			
VI. Check if additional reports ar	e attached:		
If you have received fees or ma	de expenditures, you must	file Addendum A – Fees and E	xpenses
 If you have paid an honorarium Expense Reimbursement 			
II If you, your firm, or your family	y has made political contril	outions, you must file Addendu	m C– Political Contributi
Sworn Statement/Affirmation by	Lobbyist		
I have read RSA 15, RSA 5-B, RS and complete to the best of my known		hereby swear or affirm that the	foregoing information is to
<u></u>			<u> </u>
(Signature of lobbyist)		(17a	(C)
James J. Bianco, &r.	··		
(Print Name of lobbyist)			

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses



(RSA Chapter 15:6)

I. Name of Lobbyist(s) James J. Bianco, Jr., Adam Schmidt, Karen Sc	oucy, Kathy Corey Fox			
II. Name of lobbyist's partnership, firm or corporation, if any:				
Bianco Professional Association				
(Name of partnership, firm or corporation)				
III. Name of Client WellCare Health Plans, Inc.	Date10/25/17			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service			
a) Total of all fees received in this reporting period	a) \$15,282			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 21,875 ear)			
c) Total of all fees received to date (Add lines a and b)	c) \$ 37,157			
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses pair penses; (b) the aggregate total of a e: meals purchased during a business than \$10 that is given to the persod with a value of \$25.00 or less); and this period of greater than \$25.00 for e of greater than \$25, purchase of than \$25, but not greater than \$50 expense reimbursement, or political			
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$11,532			
in a), of \$25 or less.	b) \$ 0			
a). Total of all itemized expenditures reported in detail in section VI	c)\$ 0			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ 34,032
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$ <u></u>
· ————————————————————————————————————	\$
	\$ \$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	10/25/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): WellCare Health Plans, Inc.
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☒ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) Karen Soucy
(Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

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ereby swear or affirm that the foregoing information on the Statement and each Addendum is true and applete to the best of my knowledge and belief.
gnature of lobbyist) 19 (Cb)bly 3017 (Date)
Kathy Corey Fox
int Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership,	firm, or corpora	tion: Bianco Profess	sional Association
	Statement is for	the partnership, firm, or	corporation and not related to any
Date of Report (check one):	·		
April 26, 2017 □ July 2	6, 2017 □	October 25, 2017 🕱	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my know which will be the complete to the best of my know which will be the complete to the best of my know which will be the complete the complete to the complete the complete to the complete the complete to the complete to the best of my know which we complete the complete to the best of my know which we complete the complete to the best of my know which we complete the complete to the best of my know which we complete the complete to the best of my know which we complete the complete t		f.	nt and each Addendum is true and Off (7 (Date)
Adam Schmidt		-	
(Print Name of lobbyist)			